

## 2008-2009 Grant Proposal

### San José After School Level One - Homework Center (HWC) Funding

**Release Date:** Friday, February 1, 2008

**Proposals Due:** Friday, March 7, 2008 by 5:00 p.m.

*Only hand delivered applications will be accepted. Late, postmarked, faxed, mailed, or emailed applications will not be accepted.*

**Submit proposals at the following location:**

Parks, Recreation and Neighborhood Services  
San José After School Program  
200 East Santa Clara Street, 9<sup>th</sup> Floor  
San José, CA 95113-1905  
Tel: 408-793-5550

To obtain an electronic copy of this application packet, please go to the following:

<http://www.sanjoseca.gov/prns/afterschool.asp>

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## I. APPLICATION TIMELINE



APPLICATIONS ARE DUE no later than 5:00 p.m. on March 7, 2008. Only hand delivered applications will be accepted. Proposals received after 5:00 p.m. will not be accepted. There will be no grace period during which late components of the application will be accepted. Faxed, e-mailed, postmarked, or incomplete proposals will not be accepted.

### Estimated Timeline (dates are subject to change)

ACTIVITY	DESCRIPTION	DATE
Applications released to the public	Applications will be available at the front desk of City of San José – Parks, Recreation and Neighborhood Services, 200 E. Santa Clara Street, 9 <sup>th</sup> Floor, San José, CA 95113 or can be downloaded from the PRNS website: <a href="http://www.sanjoseca.gov/prns/afterschool.asp">http://www.sanjoseca.gov/prns/afterschool.asp</a>	Friday, February 1, 2008
Application questions deadline	Deadline for submitting written application questions (Note: questions may be submitted anytime prior to this date).	Friday, February 22, 2008
Applications are due to PRNS	Completed application and <b>two copies</b> are to be hand-delivered to City of San José – Parks, Recreation and Neighborhood Services. 200 E. Santa Clara Street, 9 <sup>th</sup> Floor, San José, CA 95113 by 5:00 p.m.  All applications must be submitted to the appropriate City Staff person who will issue a submission receipt. This submission receipt is not a notice of acceptance. Late proposals will not be accepted.	Friday, March 7, 2008
Application Review	Applications reviewed and rated by City staff.	April 2008
Recommendations to Council Members	Grant allocation recommendations forwarded to District Council Members for approval.	June 2008
Notification	Grant award notifications sent to applicants.	August 2008

## II. SAN JOSE AFTER SCHOOL – LEVEL ONE BACKGROUND AND GOALS

The Department of Parks, Recreation and Neighborhood Services, through the San José After School Program (SJAS), is pleased to announce the application for Level One programming serving the youth of San José. Level One funds are for providing tutoring and homework assistance services to San José school-aged youth. This funding is provided through the Healthy Neighborhoods Venture Fund (HNVF) and is contingent upon availability of funds.

All schools, school districts, community-based organizations, or entities serving 50% or more San José youth are eligible to apply for Level One funds. The overall goal and objective of (SJAS) is to provide opportunities for personal and academic growth through safe, fun and enriching out-of-school-time services to San José children and youth.

### ***AMOUNT AVAILABLE FOR ALLOCATION***

In Fiscal Year 2007-08, funds allocated to the San José After School (SJAS) Level One program totaled \$2.465 million from HNVF. **The funding allocation for 2008-09 fiscal year has not been set. Funding availability is contingent on City Council Budget approval in June 2008.**

Available funds will be allocated in accordance with the allocation guideline adopted by City Council. Once administrative expenses are deducted, the remaining amount is equally divided among the ten City Council Districts. The City Councilmember for each district makes the final decision of site allocations for their district.

### ***EMPLOYEE/VOLUNTEER BACKGROUND CHECKS***

To be considered for funding, all applicants must describe a process on how criminal background checks will be conducted on each of its employees and volunteers (over the age of 18 years) who will directly supervise minors or mentally impaired in the performance of Level One services. Criminal background checks must be conducted prior to commencing services.

### ***GOALS AND OUTCOMES***

The SJAS goal is to provide opportunities for personal and academic growth through safe, fun and enriching out-of-school-time to San José children and youth. Level One programs are to provide tutoring and homework assistance to San José school-age youth for a minimum of one hour a day, two to five times per week.

The outcomes for Fiscal Year 2008-09 are as follows:

- 80% of students participating in the program will indicate that their ability to complete their homework has increased;
- 60% of the youth participating in the program will indicate that their ability to read and do math has increased.

### **III. NEW FOR CYCLE 2008-2009**

The following items are new to this year's SJAS Level One application:

- Proof of current City of San José Business License for For-Profit Entities, or Exemption Status for Non-Profits.
- Applicant is registered with the Secretary of State and status is active.
- Applicant demonstrates ability to comply with the City of San José's Insurance Requirements (see exhibit F)
- Homework Center funds may not be used for facility rental fees.

#### IV. ELIGIBILITY CRITERIA

To be eligible to apply for funds under the SJAS Level One funding program, applicants and proposed projects must meet all the ELIGIBILITY CRITERIA for the Level One program at the time of proposal submittal. **Applicants or proposed projects that do not meet all eligibility criteria will not be considered for funding, and no evaluation of the proposal will be made.** Applications submitted must be responsive to all proposal instructions and requirements.

Eligible Applicant	<p>Applicants must be one of the following entities:</p> <ul style="list-style-type: none"> <li>• A government agency.</li> <li>• A private non-profit agency with 501(c) (3) status and a current exemption status for a license to do business in San José. <ul style="list-style-type: none"> <li>○ Non-profit agencies are not required to obtain a City of San José business license; however, they are required to file for an exemption request. The exemption cost is a one-time \$20.00 fee.</li> <li>○ Non-profit agencies are required to file their exemption as well as renew their exemption every year. In order to extend the term of the exemption, call the Finance-Treasury Office at: 408-535-7055 to renew for an additional year on the anniversary of the original filing date.</li> </ul> </li> <li>• A private for-profit entity with proof of status and license to do business in San José. <b>A for-profit entity is strongly encouraged to collaborate and apply with an eligible non-profit organization or a public entity.</b></li> <li>• Applicant is registered with the Secretary of State and status is active.</li> </ul>
Eligible Clientele	Project must serve San José youth (a minimum of 50% or more). Clientele or service area must be described.

## V. PROPOSAL SUBMISSION

Applicants must submit all materials prior to the application deadline of **Friday, March 7, 2008 at 5:00 P.M.**

- No late applications will be accepted.
- The official time of submission will be determined by the clock utilized by the City staff during the intake process. No other time devices will be utilized to determine submission time.
- There is no appeal process for late applications.

Applicants should carefully check their proposals prior to submission to ensure that answers to all of the questions are complete and all attachments are included. **Applicants may not submit missing items, supplemental information, or supporting documentation after the submission deadline.**

## **VI. GENERAL INFORMATION**

### **A. Term of Contract**

It is the intent of the City of San José to contract with selected grantees for a program year from September 1, 2008 through June 30, 2009.

### **B. Funding Amounts**

The funding amount for the agreement, September 1, 2008 – June 30, 2009, will be determined as a result of this application process. Grant awards will be contingent upon all of the following conditions being satisfied:

1. The HNVF funds are available and included in the City of San José Budget.
2. The amount allotted for the SJAS Level One programs is allocated by City Council.
3. Satisfactory performance under prior and existing contracts with the City.

### **C. Use of Funds**

The SJAS Level One Program is a cost-based program. Funded agencies are paid in two installments.

No 2008-2009 SJAS Level One funds can be spent for expenses incurred prior to the following:

- approval by the San José City Council;
- the start of the 2008-2009 Program Year which begins on September 1, 2008.

Payments can be made only upon full execution of an Agreement between the City and the funded agency for the San José After School Level One project.



## VII. PROPOSAL CONTENT AND INSTRUCTIONS



To apply for funds, please hand deliver one **(1) stapled original and two (2) stapled copies** of the proposal to Parks, Recreation and Neighborhood Services, 200 East Santa Clara Street, 9<sup>th</sup> Floor by **Friday, March 7, 2008, 5:00 P.M.** Any proposal that is late, incomplete, fails to meet eligibility requirements, or fails to follow submission instructions will not be considered for funding.

### Proposal Format

All proposals must be:

- typed, using Times New Roman 12-point font
- single spaced
- one (1.0) inch margins on all sides of each page
- within page limits allocated for each section
- labeled on each page (except for the Cover Sheet) with a header in the upper right margin (include the agency name on the first line and the title of the project on the second line)

### Proposal Components

Proposals must include the following:
<b>Submission Checklist</b>
<b>Form A – Cover Sheet/ Contact Information</b>
<b>Form B – Project Information</b>
<b>Form C – Project Narrative</b>
<b>Form D– Budget</b>

### Instructions

#### **Form A – Cover Sheet/ Contact Information**

The Cover Sheet/ Contact Information form must be completed accurately and signed by the authorized applicant representative. *SJAS staff will use **email** to correspond with applicants.*

#### **Form B – Project Information**

Respond to all questions on Form B.

#### **Form C – Project Narrative**

Respond to all questions on Form C. **Do not exceed three (3) pages for this entire section.**

1. **Within each section, number the response to each question.**
2. Number the pages in the footer.
3. Do not exceed the page limits for each section.
4. Use only Times New Roman 12-point font, 1 inch margins on 8-½ x 11 letter size paper.

**Form D – Budget**

The proposed budget form (1 of 2) summarizes the entire budget and shows the distribution by line item. This form should reflect the costs for the period 9/1/08-6/30/09 detailing the amount requested to operate the proposed project.

The source of funds form (2 of 2) should provide a detailed explanation of “other City funds” as listed in column B and column C to show matching funds from other City funding sources (i.e. HNVF, CDBG, BEST, etc.) for the proposed project, as well as other agency and/or district funds.

**Form E – Insurance Requirements**

Exhibit E outlines the minimum insurance requirements that an applicant will need to operate a homework center. Applicants are being asked to be aware of the requirements and that the requirements must be met prior to execution of an agreement for the 2008-09 Level One Program.

## **VIII. SUBMISSION CHECKLIST**

- ☐ City of San José Business License Certificate
- ☐ Applicant is registered with Secretary of State with active status
- ☐ One complete original application
  - Form A- Cover Sheet/ Contact Information
  - Form B- Project Information
  - Form C- Project Narrative
  - Form D- Budget
- ☐ Two copies of complete application

**VII. Forms**

**FORM A – Cover Sheet/ Contact Information (1 of 2)**

Homework Center Site Information:

Legal Name of Organization/ School District \_\_\_\_\_

Site Name \_\_\_\_\_

Site Address \_\_\_\_\_

Site Contact Person & Title \_\_\_\_\_

Site Contact Email, Phone, & Fax \_\_\_\_\_

Council District(s) where proposed services will be provided: \_\_\_\_\_

**Applicant Status (check one box below)**

<input type="checkbox"/> Non-Profit with 501c(3) status	<input type="checkbox"/> Governmental Jurisdiction
<input type="checkbox"/> For-Profit with Proof of Legal Status	<input type="checkbox"/> City of San José
<input type="checkbox"/> Association with a Fiscal Agent (Attach Statement of Fiscal Agent Responsibilities Form.)	

***SJAS Level One Project Funding Information***

<b>2008-2009 Project Request</b>	Previous Level One awards for this or similar project:  2007-08: \$ _____ 2006-07: \$ _____ 2005-06: \$ _____
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Agency/ School District Information:

Agency/ School District Level Name and Title \_\_\_\_\_

E-Mail \_\_\_\_\_

Agency/ District Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

School Principal's Signature\*\*: \_\_\_\_\_

Print Name: \_\_\_\_\_

\*\*Your signature certifies your support for the submittal of this grant application

School Principal's Phone, Fax and Email \_\_\_\_\_

## FORM A – Cover Sheet/ Contact Information (2 of 2)

I hereby certify that I am the authorized Representative of the above Applicant/Agency and to the best of my knowledge and belief, all data in this application is true and correct, the governing body of this applicant has duly authorized the document, and the applicant will comply with the necessary certifications and assurances if a contract is awarded.

District/Agency Representative's Name and Title: \_\_\_\_\_

District/Agency Representative's Signature and Date: \_\_\_\_\_

District/Agency Representative's Email and Phone: \_\_\_\_\_

## FORM B – Project Information (1 of 2)

### Proposed Program Information

Number of <u>Days per Week</u> you plan to operate:		
Please circle the <b>days</b> you plan to operate your program AND indicate the <b>times</b> you plan to operate:	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
Total number of hours per week that the program operates:		
Please check the grades you will be serving:	<input type="radio"/> K-5	
	<input type="radio"/> K-6	
	<input type="radio"/> 6-8	
	<input type="radio"/> 7-8	
	<input type="radio"/> 9-12	
Please check your planned average daily attendance:	<input type="radio"/> < 25	<input type="radio"/> 56-60
	<input type="radio"/> 25-35	<input type="radio"/> 61-100
	<input type="radio"/> 36-40	<input type="radio"/> 101-200
	<input type="radio"/> 41-45	<input type="radio"/> 201-300
	<input type="radio"/> 46-50	
	<input type="radio"/> 51-55	
Please check which population you plan to serve:	<input type="radio"/> Students from applicant school	
	<input type="radio"/> Students from surrounding schools/community	
List the schools and percentages of students receiving services at your site:	<u>School Name</u>	Percentage %

## FORM B – Project Information (2 of 2)

**Please fill in the information below:**

*Proposed Number of Unduplicated Students:* Provide the number of students that will be served by the Level One program. Each participant should be counted only once for the year.

Proposed number of unduplicated students for the year	
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*Proposed Number of Service Weeks:* Provide the number of weeks the Level One program will be in operation for the 2008-09 academic year.

Proposed number of service weeks for the year	
---	--

*Proposed Number of Service Hours per Week:* Provide the total number of hours the Level One program will be in operation during one service week.

Proposed number of service hours per week	
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**Please specify the proposed number staff providing service at your center:**

**OVERALL SITE STAFF TO STUDENT RATIO:** \_\_\_\_\_

**Certificated Staff:** \_\_\_\_\_

**Other Paid Staff:** \_\_\_\_\_

**Volunteers/Unpaid staff:** \_\_\_\_\_

**TOTAL UNDUPLICATED STAFF:** \_\_\_\_\_

**Bi-lingual Staff:** \_\_\_\_\_

## FORM C – Project Narrative

### **Question 1:**

Please let us know how you plan to operate a Level One program and explain how you will achieve the desired project goals (refer to page 4). Please include location information, number of children served, hours of operation, etc.

### **Question 2:**

Briefly explain the need for this after school program and the process by which you determined the need for this program at each site which you are applying for. For example, did you survey the students or parents, referenced last year's test scores, consult with teachers, etc. In addition, explain how services will impact the student's needs.

### **Question 3:**

Please explain your agency or school's past accomplishments in operating a Level One program or similar program and your agency or school's capacity to achieve results.

What is your program's homework completion rate?

How do you keep track of each student's homework completion?

### **Question 4:**

What collaborations do you currently have on-site or plan to develop for your agency or school's Level One program?

Does the site where you are proposing to operate a homework center receive other funding specifically for the purposes of an after school program? If yes, please list sources and amounts. Describe non-monetary resources, such as in-kind donations and volunteers that have been leveraged for this project.

### **Question 5:**

Please describe the training process for your staff, and how will your program comply with required employee/volunteer background check (refer to page 4).

### **Question 6 (School Districts Only):**

Please state the percentage of students with testing scores at proficient or above and your school's reduced lunch rate.

### **Question 7:**

Is your District/ Agency able to ensure compliance with the City of San José's insurance requirements (see form E)? Please answer Yes or No.



**FORM D – PROPOSED BUDGET – FY 2008-09 (1 of 3)**

<b>PERSONNEL SERVICES</b>				
<i>*Include costs of any in-kind match used to finance the total program.</i>  <b>Site Name:</b> _____ (Category Examples)	<b>A</b> Requested SJAS Level One Funds	<b>B</b> School District /Agency Funds (Matching)	<b>C</b> Other City Funds	<b>A + B + C</b> Total Funds by Line Item
<b>Classified Staff</b>				
<b>Certificated Staff</b>				
<b>Bi-lingual Teachers</b>				
<b>Instructional Aids</b>				
<b>Bi-lingual Tutors</b>				
<b>Tutors (Adult)</b>				
<b>Tutors (Student/Peer)</b>				
<b>Volunteers (unpaid)</b>				
<b>Benefits</b>				
<b>Staff Development and Training</b>				
<b>Others (Specify):</b>				
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<b>PERSONNEL SERVICES SUBTOTALS</b>				

<b>NON-PERSONNEL SERVICES</b>				
<i>* Include costs of any in-kind match used to finance the total program.</i>	<b>A</b> Requested SJAS Level One Funds	<b>B</b> School District / Agency Funds (Matching)	<b>C</b> Other City Funds	<b>A + B + C</b> Total Funds by Line Item
<b>Facility Rental / Rent</b>				
<b>Utilities</b>				
<b>Maintenance</b>				
<b>Telephone (Includes Fax lines)</b>				
<b>Office Supplies (paper, pens, etc.)</b>				
<b>Equipment (Computers hardware, etc.)</b>				
<b>Program Supplies (books, videos, etc.)</b>				
<b>Incentives (prizes, rewards, awards, etc.)</b>				
<b>Transportation (Specify type _____)</b>				
<b>Insurance Coverage Costs</b>				
<b>Other Program Costs (Specify type):</b>				
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<b>NON-PERSONNEL SERVICES SUBTOTALS</b>				

<b>GRAND TOTALS</b> <b>PERSONNEL SERVICES +</b> <b>NON-PERSONNEL SERVICES</b> Total City Funds can not equal more than the total grant amount	<b>Total City Funds</b>	<b>Total School District/ Agency Funds (Matching)</b>	<b>Total Other City Funds</b>	<b>Total Center Budget</b>

**FORM D – SOURCE OF FUNDS – FY 2008-09 (2 of 3)**

**SOURCE OF FUNDS STATEMENT**

**AGENCY NAME:**

List **ALL** funding sources for Homework Center

<b>Funding Source: Program/Agency</b>	<b>Code Number</b>	<b>Use of Funds</b>	<b>Amount (\$)</b>
Name of the grant/agency	Enter Key Code listed below**	The reason the grant was received	Amount of the grant
<i>Other City of San Jose Funding (i.e. CDBG, HNVF) (Do not include this Level One request)</i>			
<i>Total</i>			
<i>All Other Funding (Minimum 20%):</i>			
<i>Total</i>			
<b>(This amount should match columns B &amp; C of proposed budget) Combined Total</b>			

**AGENCY SOURCE OF FUNDS- ONLY FOR NON-PROFIT CBO'S (NOT SCHOOLS)**

List **ALL** sources of funding for your **AGENCY**

<b>Funding Source: Program/Agency</b>	<b>Code Number</b>	<b>Use of Funds</b>	<b>Amount (\$)</b>
Name of the grant/agency	Enter Key Code listed below**	The reason the grant was received	Amount of the grant
<i>City of San Jose Funding*- Do not repeat funding sources listed above</i>			
<i>Total</i>			
<i>All Other Funding including from other cities*</i>			

**FORM D – SOURCE OF FUNDS – FY 2008-09 (3 of 3)**

<i>Total</i>			
<b><i>Combined Total</i></b>			

**\*\*Key Codes:**

1. Firm Commitment: Requires an agreement or letter confirming funding.
2. Anticipated Renewal of Existing Grant: Continuation of a grant that was received in the current year and is expected to be continued.
3. Anticipated Revenue: A realistic projection of fees or donations including in-kind donation for space and equipment based on current level.
4. Application Pending: Applications submitted and expected to be received. Include application date.
5. In-Kind: Do not assign a monetary value.

I hereby certify that the above information is complete and accurate.

Authorized Agency Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Authorized Representative (printed) \_\_\_\_\_

## FORM E – INSURANCE REQUIREMENTS

- A. Coverage shall be at least as broad as:
1. The coverage described in Insurance Services Office Form Commercial General Liability coverage (“occurrence”) Form Number CG 0001, including products and completed operations, and X, C, U where applicable; and
  2. The coverage described in Insurance Services Office Form Number CA 0001 covering Automobile Liability, Code 1 “any auto”, or Code 2 “owned autos” and Endorsement CA 0025. Coverage shall also include Code 8 “hired autos” and Code 9 “nonowned autos”; and
  3. Worker’s Compensation insurance as required by the California Labor Code and Employers Liability insurance; and
- B. Minimum Limits of Insurance  
GRANTEE shall maintain limits no less than:
1. Commercial General Liability: \$1,000,000 per occurrence for bodily injury, personal injury and property damage. If Commercial Liability Insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit; and
  2. Automobile Liability: \$1,000,000 combined single limit per accident for injury and property damage; and
  3. Worker’s Compensation and Employers Liability: Worker’s Compensation limits as required by the California Labor Code and Employers Liability limits of \$1,000,000 per accident.

## X. PROPOSAL RATING CRITERIA

San José After School staff will be rating the application narratives based upon the criteria below. Applications, ratings and recommendations will be given to the Council Offices for funding to be allocated.

Rating Criteria	Description	Rating Type
Project Design	Proposed service is explained, clearly described and includes the location of services, number of clients served, and hours of operation.	<p><b>High:</b> Applicant clearly explains proposed services and demonstrates that the proposed services will achieve the desired project results.</p> <p><b>Medium:</b> Applicant <i>somewhat</i> explains proposed services and <i>somewhat</i> demonstrates that the proposed services will achieve the desired project results.</p> <p><b>Low:</b> Applicant does not explain proposed services or demonstrates that the proposed services will achieve the desired project results.</p>
Statement of Needs	Meets demonstrated student's needs and articulately describes how the proposed project addresses the need.	<p><b>Yes:</b> Agency/School demonstrates need and proposed project can feasibly and credibly address the need.</p> <p><b>No:</b> Proposed project does not directly relate to addressing the need.</p>

Operational and Past Performance	Demonstrates a successful overall track record of accomplishing goals in a timely manner. The site monitoring tools completed throughout the year by staff and evaluators will be used to assist in determining operational performance. Also included is submitting paperwork in a timely manner, attending mandatory meetings as requested, and participating in our annual survey.	<p><b>High:</b> Agency complied with all terms of contracts and received prior written approval for all changes that require prior written approval. Agency met or exceeded all goals; no unresolved issues at monitoring visits; all reports and documents submitted within timeframe. Attended all required SJAS Level One Homework Center meetings.</p> <p><b>Medium:</b> Agency did not comply with all terms of contracts or did not receive prior written approval for some changes that require prior written approval; some project goals were not met; some reports or documents were not submitted in a timely manner; or, agency attended some but not all required meetings.</p> <p><b>Low:</b> Project was not conducted as described in contracts; agency did not receive prior written approval for changes that require prior written approval; project goals were repeatedly or substantially unmet; or reports and documents were repeatedly not submitted in a timely manner. Agency did not attend required meetings and did not make an effort to receive information from staff.</p> <p><b>N/A:</b> Project was not funded in Cycle 2007-08.</p>
Staffs Capacity to Achieve Results	Demonstrates an ability to successfully manage staff and implement proposed project.	<p><b>Yes:</b> Agency has expertise, experience, sufficient level of staffing, and an established (best practices) approach to meet the need.</p> <p><b>No:</b> Agency does not have the experience, sufficient level of staffing, or an established approach to meet the need.</p>

Leverage and Collaboration	Demonstrates substantial leveraging of funding sources other than the City's. Coordinates proposed services with school, district, and community partners.	<p><b>High:</b> Diversified funding base and <u>high</u> level of dollar (50% and above) and in-kind leveraging and/or <u>collaboration</u> that results in increased, expanded or different student/services.</p> <p><b>Medium:</b> <u>Medium</u> level of dollar (25% to 49%) and in-kind leveraging and/or <u>coordination</u> that demonstrate proposed expansion or new services have been coordinated with existing services.</p> <p><b>Low:</b> <u>Low</u> level of dollars (below 25%) and in-kind leveraging and/or level of coordination demonstrate that the proposed expansion or new services have not been coordinated with existing services.</p>
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